

PAYER'S name, street address, city, state and ZIP code					1 Gross distribution \$		OMB No. 1545-0119		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
					2a Taxable amount \$		<div style="font-size: 2em; font-weight: bold;">2002</div> <div>Form 1099-R</div>		
					2b Taxable amount not determined <input type="checkbox"/>				
PAYER'S Federal ID number			RECIPIENT'S ID number		3 Capital gain (included in Box 2a) \$		4 Federal income tax withheld \$		Copy C For Recipient's Records
RECIPIENT'S name and address					5 Employee contributions or insurance premiums \$		6 Net unrealized appreciation in employer's securities \$		
INFO ONLY	Option	Ret type	Exclusion ratio	After tax contr	7 Distribution code		8 Other		Attorney Fees
	Monthly exempt amt		Amt excluded yr	Contr recovered					
									%

Form 1099-R

Department of the Treasury - Internal Revenue Service

Notice to Recipient:

If there is no entry in box 2a (Taxable amount), the ERS does not have the necessary information to calculate this amount. You may want to get Publication 575, Pension and Annuity Income, from the IRS to help you determine the taxable amount.

Box 5 (Employee contributions/Insurance premiums) is the portion of your retirement benefits that is excluded from taxes. This amount represents the after-tax contributions recovered tax free this year.

Amounts reported in the Attorney Fees box represent legal expenses that are deductible under Internal Revenue Code Sec. 212 as miscellaneous itemized deductions subject to the 2%-adjusted-gross-income limit.

Please ensure that a sufficient amount of federal income tax is withheld from your pension check and that your Social Security Number is correct. If your Social Security number is in error, please notify the ERS immediately.

All benefits received from the ERS are exempt from State of Hawaii income taxes.

☐ CORRECTED (if checked)

PAYER'S name, street address, city, state and ZIP code					1 Gross distribution \$		OMB No. 1545-0119		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	
					2a Taxable amount \$		<div style="font-size: 2em; font-weight: bold;">2002</div> <div>Form 1099-R</div>			
					2b Taxable amount not determined <input type="checkbox"/>					Total distribution <input type="checkbox"/>
PAYER'S Federal identification number			RECIPIENT'S identification number		3 Capital gain (included in Box 2a) \$		4 Federal income tax withheld \$		Copy B Report this income on your Federal tax return. If this form shows Federal income tax withheld in BOX 4, attach this copy to your return.	
RECIPIENT'S name Street address (including apt. no.) City, state, and ZIP code					5 Employee contributions or insurance premiums \$		6 Net unrealized appreciation in employer's securities \$			This information is being furnished to the Internal Revenue Service.
					7 Distribution code		IRA/SEP/SIMPLE <input type="checkbox"/>		8 Other	
					9a Your percentage of total distribution %		9b Total employee contributions \$			
Account number (optional)					10 State tax withheld \$		11 State/Payer's state no.		12 State distribution \$	
					13 Local tax withheld \$		14 Name of locality		15 Local distribution \$	

Form 1099-R

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